Minnesota Family Planning 1115
Questions to the State

P. 7. How many persons are currently served by the Title X and Family Planning Special Projects (FPSP) programs. How many persons currently remain in need of services even with these programs in place?

P. 9. You state that in July 2001 the Minnesota legislature enacted law creating the family planning demonstration project. Please provide additional details. Is this a State project that is currently in place, or is this approval for the State to purse a Federal Family Planning 1115 demonstration authority?

P. 13. You state that "insurance barriers and asset limits may apply to some populations such as adults." Please clarify what limits, and for which populations, you are considering.

Under Eligible Populations, the State projects serving approximately 30,000 enrollees when fully operational. Please reconcile this with the projections in the budget neutrality information.

P. 14. Please describe your family planning service delivery network and provide assurances that the number of available providers is sufficient to meet the increased demand for services that this waiver will generate. Please provide us with any State-conducted analyses of the adequacy of this provider capacity that you may have conducted.

If a shortage of providers occurs, please describe the methods the State will use to recruit family planning providers.

Under covered services what does "diagnosis and treatment of infertility" services include? What does "genetic counseling" services include?

How are services different under the family planning waiver from those currently covered for MA, GAMC, and MN Care?

The State proposes that "Other family planning program enrollees will have the option of receiving or refusing an [MA] identification card." Will there be any affect on access to services and/or providers depending on an enrollee's choice of whether to receive a card? What is the reason for giving enrollees that choice? Please clarify.

P. 15. Please describe the process you will use to ensure that enrollees exiting Minnesota Health Care Programs due to death or permanently moving out of the State will be excluded from coverage and how former enrollees will have the opportunity to decline family planning coverage.

Please provide assurances that the State will screen potential family planning program participants for eligibility in other Minnesota Health Care Programs, and enroll them in programs that they may be found eligible for.

Please explain the rationale for not collecting the individual's (as opposed to family) income information for applicants under age 21.

After the providers have determined temporary eligibility and forwarded applications to the State, how long does the process to determine ongoing eligibility take? What happens if the enrollees are determined not to be eligible for the program?

Based on prior experience are there any estimates on the number of cases where this might be a problem? Is there a system in place for ensuring continued care for the recipient?
Please clarify MN's policy on not claiming FFP for services provided during the PE period.

As stated in your request, the rate of unintended pregnancies is highest among low-income women of color. Please define women of color and explain how outreach efforts will target this population to receive the services offered in this waiver?

The proposal says (P.7) that the State currently "reaches only 48 percent of the women in need of subsidized services. How is the outreach plan designed to increase the percentage of the target population enrolled in this family planning program?

P. 16. Please see the attached document that includes CMS' requirements for primary care services and respond as appropriate.

P. 19. Please provide a more detailed description of the roles of each of the State health organizations in implementation of the waiver. Which organization will have primary responsibility for implementation?

P. 23. The State should rework their budget neutrality information using the attached spreadsheets for Federal and total spending. Please provide a detailed narrative description of this table, including how the State calculated averted births, trend rates used and how they were determined (source), how costs are determined, how birth data is collected, etc. Please provide three years of historical data for those elements that are available (i.e. costs, trends, births.) Please explain "other female" enrollees.

P. 30. Please provide a more detailed description of the project evaluation study including how the State will determine whether this waiver is meeting its goal of reducing the number of unintended pregnancies, who will conduct the study, timeline, costs associated with the study, etc.

It appears that the only effect on MN Care families with children will be the 24 months of extended coverage after case closure. Is this correct?

What will the State do with the Title V and Title X funds that will be freed up by this waiver? Will MN provide more services or expand the income eligibility for these services?

8/6/02

Primary Care Requirements for Family Planning Demonstrations

CMS is now requiring that states ensure access to primary care services for those clients in Medicaid 1115 family planning waivers. States can fulfill this requirement by providing a primary care benefit package, or by referring clients to FQHCs/RHCs, for primary care services. CMS will also consider other options that the state may suggest to fulfill this requirement.

If a state chooses to refer clients to FQHCs/RHCs, then they must meet the following criteria:

1. States should work with their Primary Care Associations to facilitate access to primary care services and should provide CMS with a letter based on the discussions that indicates the Primary Care Association's understanding and support of the process for referring participants to FQHCs (RHCs) for primary care services.
2. The state must verify that the FQHCs have the capability to serve this population. They must also provide a copy of the geographic breakdown of FQHCs in order to assure that there is adequate access to FQHCs.
3. Any written materials that family planning providers or the state supplies to clients should include information on how to access primary care services at FQHCs. These materials should include a list of primary care providers (FQHCs), their locations, and phone numbers. States should provide a copy of these materials to CMS.
4. Any oral counseling that the family planning clients receive needs to include an explanation of how they may access primary care services at their nearest FQHC, and provide the location and phone number of the nearest facilities. The state must describe how this requirement will be fulfilled.
5. The state should provide an explanation of how they will evaluate or assess the impact of providing referrals for primary care services. For example, any focus groups or surveys of the clients should include a component that looks at this feature of the program.